

PATIENT NAME: _____ DATE: _____

REVIEW OF SYSTEMS

DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING? Please check Yes

| | YES | | YES |
|--|-----|--|-----|
| SKIN | | MUSCULOSKELETAL | |
| Eczema | () | Stiff or painful muscles or joints | () |
| Hives | () | Joints ever swollen | () |
| Rash needing treatment | () | Pain in the back | () |
| Unexplained itching | () | Muscle weakness or disease | () |
| | | Arthritis | () |
| HEAD-EYES-EARS-NOSE-MOUTH | | NEUROLOGICAL | |
| A head injury | () | Epilepsy or seizures | () |
| Difficulty Seeing | () | Stroke | () |
| Glaucoma | () | Frequent headaches | () |
| Cataracts | () | Dizziness | () |
| Loss of hearing | () | | |
| Loss of smell | () | PSYCHIATRIC | |
| Mouth sores | () | Hospitalized for nervous disorder | () |
| | | Tension/Anxiety/Depressive Disorder | () |
| CARDIOVASCULAR | | Bipolar disorder (Manic/Depressive) | () |
| High blood pressure | () | Schizophrenia | () |
| A thumping or racing heart | () | | |
| Chest pains or tightness with exertion | () | ENDOCRINE | |
| (walking, climbing stairs) | | Thyroid Disease | () |
| Waking up at night short of breath | () | Diabetes requiring insulin | () |
| Swollen feet or ankles | () | Diabetes requiring pills | () |
| Leg cramps or leg discomfort with walking | () | | |
| Heart murmur | () | BLOOD / LYMPHATIC | |
| Artificial heart valve | () | Anemia | () |
| An infection of a heart valve | () | The need for blood transfusions | () |
| Heart Attack | () | A tendency to bleed easily when cut | () |
| Pacemaker | () | A blood clotting disorder | () |
| | | Are you known to be HIV(AIDS Antibody) positive? | () |
| RESPIRATORY | | Swelling of any lymph glands | () |
| Wheezing | () | | |
| Coughing up blood | () | Constitutional Symptoms | |
| Asthma | () | Fever | () |
| Chronic bronchitis | () | Night sweats | () |
| Emphysema | () | Recent Weight Change loss or Gain | () |
| Tuberculosis | () | Fatigue or General Weakness | () |
| Sleep Apnea | () | Insomnia | () |
| | | | |
| GASTROINTESTINAL | | FOR MEN ONLY | |
| Hepatitis (Liver infection) Type A,B,C | () | A weak or very slow urine stream | () |
| Yellow jaundice | () | Prostate trouble | () |
| Cirrhosis (scarring of liver) | () | Discharge from your penis | () |
| Liver disease | () | Swelling or lumps in your testicles | () |
| Stomach Ulcers | () | Painful testicles | () |
| Heartburn | () | | |
| Problems swallowing food | () | FOR WOMEN ONLY | |
| Disease of the pancreas including pancreatitis | () | Excessive bleeding with your periods | () |
| Rectal bleeding or blood in stool | () | Bleeding between your periods | () |
| Change in bowels | () | Lumps in your breasts | () |
| | | Cancer in the female organs | () |
| | | Do you think you may be pregnant? | () |
| | | Are you menopausal | () |
| | | When was your last menstrual cycle? | () |

NONE OF THE ABOVE APPLY _____

ELECTRONICALLY SIGNED